### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

IN RE: \* CASE NO. 19-59740-wlh

\*

Keidra Aiesha Ali-Gadson \* CHAPTER 13

AKA Keidra Aiesha Gadson; AKA Keidra \*Aisha Sampson; AKA Keidra Al-Gadson \*

\*

Debtor.

#### **CERTIFICATE OF SERVICE**

I certify that I served Debtor with a true and correct copy of the within and foregoing "Amendment to Chapter 13 Schedules I, J, Summary of Schedules and Statistical Summary" by depositing the same in the United States Mail with adequate postage affixed to ensure delivery and addressed as follows:

Keidra Aiesha Ali-Gadson 1691 Tree Line Rd Lithonia GA 30058

I further certify that Nancy J Whaley, the Chapter 13 Trustee, was served via the ECF electronic mail/noticing system.

DATE: 09/03/2019

 $/_{\rm S}/$ 

Christopher J. Kiefer, GA Bar No. 417247 Attorney for Debtors

Clark & Washington, LLC 3300 Northeast Expressway Building 3 Atlanta GA 30341

Phone: 404-522-2222 Fax: 770-220-0685

Email: ecfnotices@cw13.com

Fill	in this information	to identify your ca	ase.				1				
	btor 1		na Ali-Gadson								
	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	otcy Court for the	NORTHERN DISTRIC	CT OF GEORGIA - ATLA	NTA	_					
Cas	se number 19	-59740-wlh		-			Ched	ck if this is:			
(If kr	nown)								ed filing ent showing as of the foll		
0	fficial Form	1061					<u> </u>	/M / DD/ Y		Ü	
S	chedule I:	Your Inc	ome				.,	/// / DD/ 1			12/1
sup spo atta	plying correct info use. If you are sep ch a separate she	ormation. If you parated and you	sible. If two married peo are married and not filii r spouse is not filing wi On the top of any additi	ng jointly, and your spo ith you, do not include	ouse i inforr	s liv natio	ing with on abou	you, incl t your spo	ude informa ouse. If mor	ation abou e space is	it your needed,
1.	Fill in your emplinformation.	loyment		Debtor 1				Debtor 2	2 or non-fili	ng spouse	)
	If you have more attach a separate information about employers.		Employment status	■ Employed				☐ Emplo	•		
			Occupation	☐ Not employed				☐ Not e	mpioyea		
	Include part-time self-employed wo		Employer's name	Housekeeping Huffmaster Manag	emei	nt In	ıc				
	Occupation may or homemaker, if		Employer's address	1055 W Maple Rd Clawson, MI 48017	7						
			How long employed the	here? Since 03/2	2019						
Pai	rt 2: Give De	etails About Mor	thly Income								
	mate monthly incuse unless you are		ate you file this form. If y	you have nothing to repo	ort for	any I	ine, write	e \$0 in the	space. Inclu	ude your no	on-filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the information fo	or all e	mplo	oyers for	that perso	on on the line	es below. If	f you need
							For De	btor 1	For Debt	or 2 or g spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	5	,018.00	\$	N/A	<u>.                                    </u>
3.	Estimate and lis	t monthly overt	me pay.		3.	+\$		0.00	+\$	N/A	<u>\</u>

Official Form 106I Schedule I: Your Income page 1

5,018.00

N/A

4. Calculate gross Income. Add line 2 + line 3.

Debt	or 1	Keidra Alesha Ali-Gadson	_	C	ase number ( <i>if kr</i>	own)	19-5	9740-wi	<u>n</u>	
					For Debtor 1			Debtor 2 -filing sp		
	Cop	by line 4 here	4.		\$ 5,018	.00	\$	ming op	N/A	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	. 9	\$ 1,155	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b			.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	. 9	\$	.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	. 9	\$ 0	.00	\$		N/A	_
	5e.	Insurance	5e			.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		. —	.00	\$_		N/A	_
	5g.	Union dues	5g			0.00	\$_		N/A	_
6	5h.	Other deductions. Specify:	5h	.+ .° 9		0.00			N/A	-
6. 7.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  culate total monthly take-home pay. Subtract line 6 from line 4.	6. 7.	9	.,,,,,		\$_ \$		N/A	_
7. 8.			7.	4	3,863	.00	Ψ_		N/A	-
0.	8a.	all other income regularly received:  Net income from rental property and from operating a business,								
		profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$ 796	.00	\$		N/A	
	8b.	Interest and dividends	8b			.00	*—		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent					*_		11//	_
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce	0 -	,	<b>.</b>		•			
	04	settlement, and property settlement.	8c.			.00	\$_		N/A	_
	8d.	Unemployment compensation Social Security	8d			0.00	\$_ \$		N/A	_
	8e. 8f.	Other government assistance that you regularly receive	8e			.00	Ψ		N/A	_
	OI.	Include cash assistance and the value (if known) of any non-cash assistance	)							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.	04		<b>†</b>		œ.			
	0~	Specify:	_ 8f.			0.00	\$_		N/A	_
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g 8h		·	0.00	, <u>\$</u> _		N/A N/A	_
	OII.	Other monuny income. Specify.		T .	Ψ	.00	ΤΨ_			-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,309	.00	\$_		N/A	4
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	5,172.00	+ \$		N/A =	= \$	5,172.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	3,172.00	<b>Τ</b>  Ψ-		N/A	- Ψ –	3,172.00
4.4			, -							
11.		te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your		ende	nts vour room	mate	s and			
		er friends or relatives.	aopo		, you		o, aa			
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pay expens	es lis	ted in S			
	Spe	cify:						11.	+\$	0.00
12	Δdc	I the amount in the last column of line 10 to the amount in line 11. The res	ult ic	the	combined mor	thly i	ncome			
12.		te that amount on the Summary of Schedules and Statistical Summary of Certa								
	арр	lies						12.	\$	5,172.00
									Combi	ned
	_		_					r	nonth	y income
13.		you expect an increase or decrease within the year after you file this form	?							
		No. Yes. Explain: Debtor approved for Food Stamps of \$580/montle	, Da	hte	r anticinata	1 46:	:II -		n rar	orting
		Yes. Explain: Debtor approved for Food Stamps of \$580/montl her additional income for Life Coaching.	ı. De	ะมเบ	i anticipatet	a (f115	s WIII 6	niu upo	птер	July

Official Form 106l Schedule I: Your Income page 2

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In re	Keidra Aiesha Ali-Gadson		Case No.	19-59740-wlh
		Debtor(s)		

#### **SCHEDULE I - YOUR INCOME**

#### Attachment A

Self Employed Life Couch (Began June, 2019 - No Income until July 2019)

Gross Monthly Self Employment Income: \$906

**Monthly Expenses:** 

Supplies - \$100

Advertising - \$10

Total Monthly Expenses: \$110

Net Monthly Self Employment Income: \$796

Fill in this inform	ation to identify your case:			
Debtor 1	Keidra Aiesha Ali-Gadson		Check if this is:  An amended filing	
Debtor 2 (Spouse, if filing)			_	wing postpetition chapt the following date:
United States Banl	kruptcy Court for the: NORTHERN DISTRICT OF GEOF ATLANTA DIVISION	RGIA -	MM / DD / YYYY	
Case number	9-59740-wlh			
Official Fo				
Be as complete nformation. If r	e J: Your Expenses e and accurate as possible. If two married people ar more space is needed, attach another sheet to this t wn). Answer every question.			
Part 1: Desc	cribe Your Household			
■ No. Go t	to line 2. les Debtor 2 live in a separate household?			
_ ` _ '	No Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Household of	Debtor 2.	
Do you ha	ve dependents?			
Do not list I Debtor 2.	Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relationship Debtor 1 or Debtor 2	to Dependent's age	Does dependent live with you?
Do not state dependents		Daughter	14	□ No ■ Yes
аоронаста	s names.			□ No
		Son	17	■ Yes □ No
		Son	18	■ Yes
		Son	19	□ No ■ Yes
expenses	of people other than ond your dependents? ■ No			
Estimate your e	mate Your Ongoing Monthly Expenses expenses as of your bankruptcy filing date unless y a date after the bankruptcy is filed. If this is a supp			
	es paid for with non-cash government assistance in the assistance and have included it on <i>Schedule I:</i> You not		Your exp	enses
	or home ownership expenses for your residence. In and any rent for the ground or lot.	nclude first mortgage	4. \$	683.00
If not inclu	ded in line 4:			
	estate taxes		la. \$	0.00
•	erty, homeowner's, or renter's insurance		lb. \$	0.00

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

4d. \$

0.00

0.00

or 1 Keidra Aiesha Ali-Gadson Ca	Case numb	per (if known)	19-59740-wlh
Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	400.00
6b. Water, sewer, garbage collection	6b.	·	130.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. Other. Specify: Cellular Phone	6d.	\$	125.00
Alarm	_	\$	5.00
Internet	_	\$	90.00
Food and housekeeping supplies		\$	1,328.00
Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	\$	425.00
Personal care products and services	10.	\$	360.00
Medical and dental expenses	11.	\$	200.00
<b>Transportation.</b> Include gas, maintenance, bus or train fare.			
Do not include car payments.	12.		485.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
Charitable contributions and religious donations	14.	\$	0.00
Insurance.			
Do not include insurance deducted from your pay or included in lines 4 or 20.	45-	<b>c</b>	
15a. Life insurance	15a.		0.00
15b. Health insurance	15b.		0.00
15c. Vehicle insurance	15c.	*	161.00
15d. Other insurance. Specify:	15d.	\$	0.00
<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
Installment or lease payments:		Φ	0.00
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	·	0.00
17c Other Specify:	176.		0.00
17d. Other. Specify:	— 17d.		0.00
Your payments of alimony, maintenance, and support that you did not report as	'''.	Ψ	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.		
Other real property expenses not included in lines 4 or 5 of this form or on Schedu			
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.		0.00
20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
20d. Maintenance, repair, and upkeep expenses	20d.		0.00
20e. Homeowner's association or condominium dues	20e.	·	0.00
Other: Specify: Pet Expenses	21.	+\$	80.00
Calculate your monthly expenses			
22a. Add lines 4 through 21.		\$	4,622.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	7,022.00
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,622.00
220. Aud illie 22a aliu 22b. The lebuil is your monthly expenses.		Ψ	4,022.00
Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,172.00
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,622.00
	1		
23c. Subtract your monthly expenses from your monthly income.	23c.	\$	550.00
The result is your monthly net income.	∠ას.	Ψ	333.00
	filo thio	form?	
Do you expect an increase or decrease in your expenses within the year after you are for example, do you expect to finish paying for your car loan within the year or do you expect your monodification to the terms of your mortgage?  ■ No. □ Yes. Explain here:			ease or decrease because

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Fill in this information to identify your case:								
Debtor 1	Keidra Aiesha Ali-Gadson							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		NORTHERN DISTRICT	FOF GEORGIA - ATLANTA DIVISION					
Case number	19-59740-wlh							
(if known)								

■ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	105,903.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	20,666.93
	1c. Copy line 63, Total of all property on Schedule A/B	\$	126,569.93
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	109,760.60
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	123,511.00
	Your total liabilities	\$	233,271.60
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,172.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,622.00
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Keidra Aiesha Ali-Gadson Case number (if known) 19-59740-wlh

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,080.00

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

IN RE:	* CASE NO. 19-59740-wlh
	*
Keidra Aiesha Ali-Gadson	* CHAPTER 13
AKA Keidra Aiesha Gadson; AKA Keidra	*
Aisha Sampson; AKA Keidra Al-Gadson	*
-	*
Debtor.	*

### UNSWORN DECLARATION UNDER PENALTY OF PERJURY

CIND WORK DECEMENTION CINDE	KIENGELI OI IENGUKI
I, Keidra Aiesha Ali-Gadson, hereby certify un	nder penalty of perjury that I have direct
knowledge of the information in the attached pleading	g and it is true and correct to my best belief
Signed: s/	Date: 9/4/2019
Keidra Aiesha Ali-Gadson	Dutc. <u>7/1/2017</u>